

1252

the number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 154	
County of <u>Maricopa</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>	or _____	Co. Registrar's No. _____	
City of _____	(No. _____ St. _____ Ward _____)	Local Registrar's No. _____	
FULL NAME OF CHILD <u>Bettie Mae Hugh</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Female</u>	<u>Twin</u> or other	and	Number in order of birth <u>2</u>
Legitimate <u>yes</u>	Date of Birth <u>July 7</u> 19 <u>21</u>	Month	Day
FATHER		MOTHER	
Full Name <u>James Martin M. Hugh</u>	Full Maiden Name <u>Jessie Patterson</u>		
Residence <u>Miami, Arizona</u>	Residence <u>Miami, Arizona</u>		
Color or Race <u>White</u>	Age at last Birthday <u>36</u> Years	Color or Race <u>White</u>	Age at last Birthday <u>23</u> Years
Birthplace <u>Virginia City, Nevada</u>	Birthplace <u>Wesford, Texas</u>		
Occupation <u>Engineer</u>	Occupation <u>Housewife</u>		
Number of child of this Mother <u>2</u>	Number of Children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>July 7</u> , 19 <u>21</u> , at <u>3:10</u> P.M.			
{ *When there is no attending physician or midwife, then the householder should make this return.		Signature <u>C. M. Chow M. D.</u>	
Given or Christian name added from a supplemental report _____ 191 _____		Address <u>Miami, Arizona</u>	
<u>248-707-375</u>		LOCAL REGISTRAR.	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	

Filed 7/15 1921

Filed Aug 3 1921

A True Copy

B. N. Hardy  
LOCAL REGISTRAR.  
A. S. J. C.  
COUNTY REGISTRAR.